

VALUATION SUMMARY OF INSURANCE FORM

Real and Personal Property

Deductible \$ _____

Aggregate* ☐ Yes ☐ No

Buildings, Personal Property, Inland Marine & Property in the Open

Owned/Non-Owned Boxes have been marked on attached Statement of Values,
Property in the Open Listing & Contractors Equipment Listing

☐ Yes

Contractor's Equipment

Deductible \$ _____

☐ Actual Cash Value ☐ Replacement Cost

Motor Vehicle

Age Group 1 = Three newest model years Age Group 2 = All older model years

☐ Actual Cash Value ☐ Replacement Cost

Comprehensive

Deductible \$ _____

Aggregate* ☐ Yes ☐ No

Age Group 1: Total **Original Cost New**

\$ _____

Number of Units _____

Age Group 2: Total **Original Cost New**

\$ _____

Number of Units _____

Collision

Deductible \$ _____

Aggregate* ☐ Yes ☐ No

Age Group 1: Total **Original Cost New**

\$ _____

Number of Units _____

Age Group 2: Total **Original Cost New**

\$ _____

Number of Units _____

Miscellaneous Coverages

(Please mark yes or no. If YES, complete details on **OCI 41-020 - Miscellaneous Coverages form**)

Monies and Securities- Deductible options: \$500 / \$1,000 (circle one)

☐ Yes ☐ No

Builder's Risk

☐ Yes ☐ No

Accounts Receivable

☐ Yes ☐ No

Business Interruption

☐ Yes ☐ No

Loss of Rents

☐ Yes ☐ No

Special Use Animal

☐ Yes ☐ No

Fine Arts

(Please mark yes or no. If YES, complete details on **OCI 41-083 - Scheduled Personal Property Form**)

Scheduled Personal Property- Fine Arts

☐ Yes ☐ No

Name of Insured _____ Policy # _____

Contact Person _____ Title _____

Phone _____ Email _____ Fax _____

Signature _____ Date _____

Important-note any changes in address: _____

***NOTE: Aggregate applies to deductibles \$5000 and greater.**